



COVID-19 Module Supplies

Facility ID #: _____

Summary Census ID #: _____

*Date for which counts are reported: ____/____/____

For the following questions, please collect data at the same time (for example, 7 AM)

| Supply Item | On-hand supply [†] | Are you currently re-using the item or implementing extended use? | Are you able to obtain this item? |
|--|---|---|---|
| Ventilator supplies (any, including tubing) | <input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N95 masks | <input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other respirators including PAPRs | <input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgical masks | <input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Eye protection including face shields or goggles | <input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gowns (single use) | <input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gloves | <input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

CDC estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1290).
 CDC 57.132 (Front)

* Required for saving

† For calculation of the days of supply in stock, we recommend using the Personal Protective Equipment (PPE) Burn Rate Calculator (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>).